



Physical Requirements of Position/Occupational Title

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

Section 1

Member Information

This form must be completed by the member and their employer to supplement, if any, the physical requirements listed on the member's duty statement/job description.

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number	
Position/Occupational Title	Name of Employer		
Worksite Street Address			
City	State	ZIP	

Section 2

Physical Requirements Information

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

Activity	Never	Occasionally Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ Height
Sitting					
Standing					
Running					
Walking					
Crawling					
Kneeling					
Climbing					
Squatting					
Bending (neck)					
Bending (waist)					
Twisting (neck)					
Twisting (waist)					
Reaching (above shoulder)					
Reaching (below shoulder)					
Pushing & Pulling					
Fine Manipulation					
Power Grasping					
Simple Grasping					
Repetitive use of hand(s)					
Keyboard Use					
Mouse Use					
Lifting/Carrying					
0 – 10 lbs.					
11 – 25 lbs.					
26 – 50 lbs.					
51 – 75 lbs.					
76 – 100 lbs.					
100 + lbs.					

Continued on page 2.

Put your name and
Social Security number
at the top of every page.

Your Name

Social Security Number

Section 2 (continued)

Indicate with a check
mark (✓) the frequency
required for each activity
listed at the right.

Physical Requirements, continued

Activity	Never	Occasionally Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ Height
Walking on uneven ground					
Driving					
Working with heavy equipment					
Exposure to excessive noise					
Exposure to extreme temperature, humidity, wetness					
Exposure to dust, gas, fumes, or chemicals					
Working at heights					
Operation of foot controls or repetitive movement					
Use of special visual or auditory protective equipment					
Working with bio-hazards (e.g., blood-borne pathogens, sewage, hospital waste, etc.)					

Comments or additional requirements not listed above:

Section 3

Signature of Employer and Member

The employer must give
the member a copy of
this form once it has been
completed and signed
by both parties. The
employer then sends the
original to CalPERS. The
member must attach their
current duty statement/job
description and copy of the
Physical Requirements of
Position/Occupational Title
form to the Physician's
Report on Disability prior to
sending to their physician.

Signature of Employer Representative	Date (mm/dd/yyyy)
Title	() Phone Number
Signature of Member	() Phone Number
	Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796